

County Name \_\_\_\_\_

**HSD-3 HOSPITALS AND OTHER CONTRACTING PROVIDERS**

**Skilled Nursing Facilities, Psychiatric Hospitals, Home Health, Surgical Centers, Labs, Rehab Facilities, Rural Health Clinics, etc.**

<b>Name and Type of Provider</b>						
<b>Location</b>						
<i>Street, City, State, Zip Code</i>						
<b>Medicare Payment Arrangement</b>						
<b>Title 18 Certification # OR Provider #</b>						
<b>Service Provided:</b>						
<i><b>Outpatient:</b></i>						
Anesthesiology						
Emergency Room						
Laboratory (Pathology)						
Physical Therapy						
Radiology						
<b>Service Provided:</b>						
<i><b>Inpatient:</b></i>						
Total # Beds						
# Title 18 Beds						
Medicine						
Surgery						
Obstetrics						
ICU/CCU						
Title 18 Psychiatric Beds						
<b>Other</b>						
<b>Serves Commercial Only</b>						
<b>Serves Commercial and Medicare</b>						
<b>TOTALS</b>						

**Skilled Nursing Facilities, Psychiatric Hospitals, Home Health, Surgical Centers, Labs, etc.**

**TABLE HSD-3**

**Instructions:**

Provide a separate table for each county or partial county.

For radiologists/anesthesiologists/pathologists: list only those that are employees or subcontracted by the hospital/clinic, or employed by a medical group or groups.

If the hospital provides multiple services (skilled nursing facility services, home health services or end-stage renal disease services) list each service in a separate column.

**Row Explanations:**

**1. Name of Provider** - Enter name and type of contracted entity. List first all Hospitals then SNFs, Psychiatric Hospitals, Home Health Agencies, Surgical Centers, Labs, Rehab Facilities, and Rural Health Clinics etc. (Use codes below)

SNF = Skilled Nursing

PH=Psychiatric Hospital

RF= Rehab Facility

RHC= Rural Health Clinic

SC= Surgical Center

L=Lab

HH= Home Health

ESRD=End Stage Renal Disease

**2. Location** - Enter street/city/state/zip code.

**3. Medicare Payment Arrangement** - FS=Fee Schedule, DFS=Discounted Fee Schedule, CAP=Capitation etc. - Identify the method used to pay contracted providers

**4. Title 18 Certification # or Provider #** - Self-explanatory.

**5. Services Provided** - In Outpatient categories enter "Yes" for all services provided. (Leave blank if not applicable.)

In Inpatient categories enter actual bed count for each breakdown listed; if none, enter zero (0).  
(If Surgery or above).

**6. Serves Commercial Only/Serves Commercial & Medicare** - Please check which one applies.